

Appl. No. : 10/007,642
Filed : November 6, 2001

REMARKS

This paper amends the specification and Claims 1 and 11, and adds new Claims 13-18. Claims 2-10 and 12 are unchanged. Claims 1-18 are pending. Reconsideration and allowance of the claims in light of the present remarks is respectfully requested. The specification has been amended to provide the related patent application numbers.

Discussion of Claim Rejections under 35 USC § 103(a)

Claims 1-12 were rejected under 35 U.S.C. § 103(a) as being obvious over Clawson (U.S. Patent No. 6,106,459) in view of Barber et al. (U.S. Patent No. 4,858,121).

The Clawson reference describes a computerized embodiment and a flip card deck embodiment for receiving and responding to emergency medical calls. The computerized embodiment includes a description that “a data base is accessed 504 to produce the appropriate instructions for communication with the caller. Records of the calls and queries are stored 505, for historical reports, for review of the dispatchers and for continued quality assurance control.” There is no mention of billing in the Clawson specification.

The Barber et al. reference describes a medical payment system. However, Barber does not teach a billing modifier module that “...compares the clinical encounter location to a list of geographic areas, and wherein the result of the comparison causes billing modifiers to be determined and applied to the medical charges associated with the medical emergency.” as recited in Claim 1. The Examiner does not show how the result of comparing the clinical encounter location to a list of geographic areas causes billing modifiers to be determined and applied to the medical charges. The Examiner attempts to show the comparison of the clinical encounter location to a list of geographic areas, and states that Barber “generates a modified bill based on provided modifiers”. However, Applicant respectfully submits that even if the claimed comparison was described, Barber does not show any connection of the result of the comparison to cause billing modifiers to be determined and applied to the medical charges.

Furthermore, the Examiner states that “for the purpose of validation of physician identification, Barber teaches a comparison between newly incoming physician identification information, considered by the Examiner to include a ZIP code as part of the clinical encounter location, and data in the prerecorded physician file (Barber; col.6, lines 37-40).” However, a

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reading of the reference shows that the ZIP code refers to the patient's ZIP code, as first described at col. 4, line 64, and not a ZIP code of the physician.

Moreover, the reasons stated by the Examiner as motivation for combining Clawson and Barber – verifying the accuracy of billing information with respect to physician identity and increasing the speed of payment to physicians or other providers – would not be considered by one of skill in the art reading the Clawson reference since Clawson has nothing to do with billing. Verifying the accuracy of billing information and increasing the speed of payment to physicians can be done by just the Barber reference, and also is not claimed by Applicant. Therefore, since the combination of Clawson and Barber do not teach a billing modifier module that “...compares the clinical encounter location to a list of geographic areas, and wherein the result of the comparison causes billing modifiers to be determined and applied to the medical charges associated with the medical emergency”, the independent claims are deemed patentable.

Dependent Claims

Claims 2-10 and 12 are dependent either directly or indirectly on one of the above-discussed independent claims. Applicant respectfully submits that pursuant to 35 U.S.C. § 112, ¶4, the dependent claims incorporate by reference all the limitations of the claim to which they refer and include their own patentable features, and are therefore in condition for allowance. Therefore, Applicant respectfully requests the withdrawal of all claim rejections and prompt allowance of the claims.

New Claims

New Claims 13-18 have been added. Claims 13-14 are supported at least by pages 8-10 of the specification. Claims 15-18 are similar to original Claims 3-5 and 7.

Conclusion

In light of the above, reconsideration and withdrawal of the outstanding rejections are specifically requested. In view of the foregoing remarks, Applicant respectfully submits that the claims of the above-identified application are in condition for allowance. However, if the Examiner finds any impediment to allowing all claims that can be resolved by telephone, the Examiner is respectfully requested to call the undersigned.

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Please charge any additional fees, including any fees for additional extension of time, or credit overpayment to Deposit Account No. 11-1410.

Respectfully submitted,

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